



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

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OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Middlesex Hospital	
Doing Business As	Middlesex Hospital	
Name of Parent Corporation	Middlesex Health System, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	28 Crescent St. Middletown, CT 06457	
Applicant type (e.g., profit/non-profit)	Non-profit	
Contact person, including title or position	Harry Evert VP, Administration	
Contact person's street mailing address	28 Crescent St. Middletown, CT 06457	
Contact person's phone #, fax # and e-mail address	860-344-6120 860-346-5485 harry_evert@midhosp.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Replacement of Radiation Oncology Simulator

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost greater than \$ 1,000,000

X Equipment Acquisition greater than \$ 400,000

<input type="checkbox"/> New	X	Replacement	x	Major Medical
x		Imaging	<input type="checkbox"/>	Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

28 Crescent St. Middletown, CT 06457

d. List all the municipalities this project is intended to serve: Middlesex Hospital's primary service area communities include the Connecticut towns of Middletown, Middlefield, Cromwell, Durham, Haddam, Killingworth, Portland, East Hampton, East Haddam, Marlborough, Colchester, Chester, Deep River, Essex, Old Saybrook, Westbrook, Clinton and Madison.

e. Estimated starting date for the project: April 1, 2006

- f. Type of project: 4, 13, 20 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$1,320,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 200,000
Medical Equipment (Purchase)	1,120,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$ 1,320,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$ 1,320,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Brilliance	Philips	Big Bore	1	\$1,120,000
CT Scan				

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☒ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please see attached description

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: Middlesex Hospital

Project Title: Replacement of Radiation Oncology

I, Harry Evert, VP, Administration
(Name) (Position – CEO or CFO)

of Middletown, Connecticut being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Middlesex Hospital complies with the appropriate and (Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Harry Evert
Signature

1/11/06
Date

Subscribed and sworn to before me on January 11, 2006

Abby Ann Cole
Notary Public/Commissioner of Superior Court

ABBY ANN COLE
NOTARY PUBLIC
MY COMMISSION EXPIRES JAN. 31, 2010

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Section IV. Project Description

Project Description for Replacement of Radiation Oncology Simulator

Reason for the project, services being provided and proposed and the effect on the delivery of health care.

Radiation Oncology proposes to replace its current Ximatron Simulator with a Wide Bore CT Simulator in order to bring the department in line with the new standard of care for radiation oncology.

Our present Ximatron simulator is nearing ten years old, and we have been notified by the manufacturer that many of the parts have reached obsolescence and, therefore, will not be readily replaced should parts begin to fail. Thus, we are opting to replace our current equipment with that which is considered state-of-the-art in the arena of radiation therapy treatment planning.

CT simulation, which utilizes a volumetric patient data and sophisticated computer software to simulate and verify radiation therapy treatment plans, is integral to today's radiation therapy process. After acquiring images and coordinate data from the CT scan, oncologists and technicians can visualize a target volume in 3-D, develop dose distribution, and transmit treatment planning data to the linear accelerator.

Having our own dedicated CT simulator would allow us to be non-discriminatory in determining which of our patients are to be planned to a higher complexity and accuracy as we would not be dependent on available time slots on the diagnostic CT simulator in the Radiology suite, thus, avoiding the need for the physician to have to prioritize patients dependent on CT slot availability and urgency of initiation of treatment.

By having our own dedicated CT simulator which offers the best in the industry in regard to the standard of care, we will also provide a more comprehensive service to our patients, while also ensuring that the patient is not inconvenienced by removing the need for multiple appointments in different departments. In essence, we would be providing a one-stop service for the radiation oncology patients.

For the reasons set forth above, we believe that this project will improve health care delivery in the area which is served by the Hospital.

Current and target populations.

The current population served includes patients from the towns listed in our response to Question II, d. who are in need of radiation oncology services. The target population is the same population as the current population.

Need; other providers of this service

By this project, the Hospital is attempting to ensure that it will be able to meet the needs of patients for radiation oncology services in the future. As stated above, many of the parts of our existing equipment have reached obsolescence, and are not readily replaceable if they should fail. Also, the new equipment will improve services to our patients and health care delivery generally by allowing us to meet the current standard of care for radiation oncology.

There are no other providers of this service in the area being served or to be served by the Hospital.

Payers

The current payers include Medicare, Medicaid and commercial insurance companies. The payer mix will not change as a result of this project.